

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Divisional
Suggested classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	None
Title::	METHODS OF USE OF RECOMBINANT VASOACTIVE PROTEIN FROM SALIVARY GLAND OF THE BLACK FLY
Attorney Docket Number::	35721/273617 (5721-4D)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	None
Total Drawing Sheets::	1
Small Entity::	Yes
Petition Included?::	No
Petition Type::	None
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	None
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mary S.  
Family Name:: Cupp  
Name Suffix::  
City of Residence:: Auburn  
State or Province of Residence:: AL  
Country of Residence:: US  
Street of mailing address:: 740 Burke Place  
City of mailing address:: Auburn  
State or Province of mailing address:: AL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 36830

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jose M.C.  
Family Name:: Ribeiro  
Name Suffix::  
City of Residence:: Rockville  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 1339 Templeton Place  
City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20852

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Eddie W.  
 Family Name:: Cupp  
 Name Suffix::  
 City of Residence:: Auburn  
 State or Province of Residence:: AL  
 Country of Residence:: US  
 Street of mailing address:: 740 Burke Place  
 City of mailing address:: Auburn  
 State or Province of mailing address:: AL  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 36830

**Correspondence Information**

Correspondence Customer Number:: 00826

**Representative Information**

Representative Customer Number:: 00826

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/218,699	08/14/02
	Division of	09/702,647	10/31/00
	Division of	09/036,355	3/06/98
	Provisional	60/040,418	3/13/97

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name:: Auburn University  
Street of mailing address:: 309 Samford Hall  
City of mailing address:: Auburn  
State or Province of mailing address:: AL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 35849

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